

November 11, 2021



PROVIDER ALERT

To: Health Plan of San Joaquin (HPSJ) **Federal Qualified Health Centers (FQHC)**

From: Health Plan of San Joaquin

Provider Alert

Type: Informational/Educational

Subject: Provider Vaccine Incentive Program

Business: Medi-Cal

Health Plan of San Joaquin (HPSJ) serves the Medi-Cal population in both San Joaquin and Stanislaus counties. With a combined membership of over 370,000, HPSJ has a large impact on the health of some of our most vulnerable communities. In late August 2021, less than 36% of the Medi-Cal population received one or both COVID 19 vaccinations. HPSJ has positioned itself to create new tactics and collaborate with, providers, county public health departments and community-based organizations to develop targeted messaging for engaging the community in enhancing current vaccination efforts. HPSJ understands the power of partnership, collaboration and implementing best practices for promoting successful communities.

To help support its Providers in this effort, Health Plan of San Joaquin will provide an incentive for increasing the rate of vaccinations for your assigned members.

- **\$25,000** bonus for every 250 members vaccinated achieved per ending vaccination period (**October 31, January 2, March 6**)
 - **Ending October 31-** \$25,000 for vaccine strategy per FQHC and \$25,000 for each 250 vaccinated for all members vaccinated
 - **Ending January 2-** \$25,000 per FQHC for every 250 members vaccinated
 - **Ending March 6-** \$25,000 per FQHC for every 250 members vaccinated

To receive payment, the plan must receive the signed attestation from your office verifying vaccine information, member information, and the Provider or Health Centers information.

Please pass along the above information to your billing company, if applicable.

If you have questions, please do not hesitate to contact our Customer Service Department at 1.888.936.PLAN (7526).

WWW.HPSJ.COM

Provider Attestation

I attest that the attached COVID-19 member vaccine report is true and accurate. All members listed have received their first COVID-19 vaccine at our office.

Provider Name

NPI #

Name of Person Completing the Attestation

Signature

Email

Provider Vaccine Report Instructions

To access the Provider Incentive, each provider MUST provide an accounting of the number of Medi-Cal Members that have been vaccinated. Attached you will find a fillable document to record each member vaccinated and corresponding information. Once you have completed your lists, please complete the attached attestation, and fax or email your attestation and lists to:

- i. Fax:
To: Marisol Martinez
Subject: VIP Vaccinations for Period ending XXXXXX
Fax Number: **209.461.2513**

- ii. Email:
To: Marisol Martinez – mmartinez@hpsj.com
Subject: VIP Vaccination for Period ending XXXXXX

Reports are due on or before the following Period end dates:

Incentive Period 1 (August 29- October 31)	November 22, 2021
Incentive Period 2 (November 1 - January 2)	January 21, 2022
Incentive Period 3 (January 3- March 6)	March 21, 2022

Member Incentive Instructions

1. Once Medi-Cal member receives their incentive please complete the member attestation (attached). Only one member may be documented on each attestation.
2. Have member complete demographic information including:
 - i. Medi-Cal Number
 - ii. Name
 - iii. Birthdate
 - iv. Email for electronic gift card or mailing address if no email
 - v. Phone number
 - vi. Signature
3. Provider should complete the following areas of the attestation:
 - i. Eligibility Verification
 - ii. Provider Clinic Name
 - iii. Name of vaccinator
 - iv. Signature of Provider or Provider Clinic Stamp
4. Return all attestations from current week to HPSJ by:
 - i. Fax:
To: Marisol Martinez
Subject: VIP Member Attestation (#) Week of XXXXXXXX
Fax Number: **209.461.2513**
 - ii. Email:
To: Marisol Martinez – mmartinez@hpsj.com
Subject: VIP Member Attestation (#) Week of XXXXXXXX
5. If you have any questions, please contact Marisol Martinez at mmartinez@hpsj.com.

Member Attestation
Certificación de miembro

I have received my COVID-19 vaccine. I will be provided a \$50 dollar gift card by HPSJ via mail. My address is below.

Recibí mi vacuna del COVID-19. HPSJ me proporcionará una tarjeta de regalo de \$ 50 dólares por correo. Mi dirección es la siguiente.

Member's Printed Name

Nombre del miembro en letra de imprenta

Member's Email

Email del miembro en letra de imprenta

Address (this is the address where your gift card will be mailed)

Dirección (esta es la dirección a la que se enviará su tarjeta de regalo)

Member ID#

Número de identificación del plan de salud

Date of Birth

Fecha de nacimiento

Signature of member

Firma del miembro

Date

Fecha

To be completed by Provider Office or OERU Staff

Lot # _____

Vaccine Date _____

Vaccine Type _____

Provider Name _____

Clinic (if applicable) _____

Signature of Provider/OERU

Date